

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10 580 648	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3							
4							
5							
6	1						
7		1					
8		1					
9		1					
10		1					
11	1						
12							
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16	1						
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49							
50							
TOTAL IND.	4						
TOTAL DEP.	15	←			↓		
TOTAL CLAIMS	19						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.					↓		
TOTAL DEP.			←			←	←
TOTAL CLAIMS							